

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH.

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024322

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1222 Registrar's No. 3499

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF
Sherrill H. Frye
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE California b. COUNTY Contra Costa	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 3 weeks	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Jack Middle H Last Frye		4. DATE OF DEATH Month June Day 22 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/21/1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Navy	
11. BIRTHPLACE (City and state or country) Oklahoma Territory		12. CITIZEN OF WHAT COUNTRY U S	
13a. FATHER'S NAME Charles Frye		13b. MOTHER'S MAIDEN NAME Belle Smith	
14. NAME OF HUSBAND OR WIFE Irene Frye		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Dr. S. H. Frye		17. INFORMANT Address 4005 Vineyard	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Peripheral Circulatory Collapse Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Malnutrition & Anemia DUE TO (c) Cancer of Pancreas		INTERVAL BETWEEN ONSET AND DEATH 48 hrs. 6 mo. 2 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 19, 1963 to June 22, 1963 and last saw her alive on June 21, 1963 Death occurred at 6:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Sherrill H. Frye (degree or title)		22b. ADDRESS 4219 Blue Ridge Road, L.P., Mo	
22c. DATE SIGNED 6-22-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6/23/1963		23c. NAME OF CEMETERY OR CREMATORY Wilder Cemetery	
23d. LOCATION (City, town, or county) Wilder, Idaho		(State)	
24. FUNERAL DIRECTOR Earp & Sons Mortuary Kansas City		25. DATE RECD. BY LOCAL REG. 6-23-63	
26. REGISTRAR'S SIGNATURE Ruth Long			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John R. Dickman

Licensed Embalmer No. 4531

P. O. Address Kansas City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.